

TAMALA HOLLAND  
PARALEGAL SPECIALIST  
DESIGNATED OFFICE  
703-6483

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	/	/	/	/	/	51					
2		/					52					
3		/					53					
4		/					54					
5		/					55					
6		/					56					
7		/					57					
8		/					58					
9			/				59					
10				(1)			60					
11				(2)			61					
12				(3)			62					
13							63					
14					1		64					
15							65					
16							66					
17							67					
18							68					
19							69					
20							70					
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38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.			3				TOTAL IND.					
TOTAL DEP.			5				TOTAL DEP.					
TOTAL CLAIMS			7				TOTAL CLAIMS					